| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155121 | A. BUILDING 01<br>B. WING _____ | R<br>04/18/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROSEWALK VILLAGE AT LAFAYETTE | 1903 UNION STREET<br>LAFAYETTE, IN 47904 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {K 000} | INITIAL COMMENTS<br><br>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/28/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 04/18/11<br><br>Facility Number: 000051<br>Provider Number: 155121<br>AIM Number: 100275490<br><br>Surveyor: Bridget Brown, Life Safety Code Specialist<br><br>At this PSR survey, Rosewalk Village at Lafayette was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.<br><br>This facility was consisted of the original two story building with a one story section on the front and a one story Physical Therapy wing added to the first floor D wing and was fully sprinklered. The construction was determined to be of Type III (211) and completed prior to March 1, 2003. The facility has a fire alarm system with system wide smoke detection in the corridors and spaces open to the corridors. Battery powered smoke detectors protect each resident room. The facility has the capacity for 155 residents and had a census of 130 at the time of this survey.<br><br>Quality Review by Lex Brashear, Life Safety Code | {K 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|---|---|---|---|---|
| {K 000} | Continued From page 1<br>Specialist-Medical Surveyor on 04/19/11. | {K 000} | | |